

# THIS IS NOT A BILL

## What You Need to Know about Your Medicare Summary Notice

- ◆ All Medicare providers are required to file your claim with Medicare. The claim must be filed within one year. A Medicare provider is your doctor, hospital, or anyone from whom you get health care services.
- ◆ A provider who takes Medicare assignment accepts the amount Medicare approves as full payment. You or your insurance pay for any deductible or coinsurance amounts. All hospitals in Iowa and most doctors accept assignment. Ask your doctor if he/she accepts assignment.
- ◆ When a provider does not accept assignment you may be charged more than the amount Medicare approves. This is called an **excess charge**. Most providers cannot charge more than 15% above the amount Medicare approves. However, suppliers of medical equipment can charge more than the 15% limit.
- ◆ Medicare sends payments to the provider who **accepts assignment**. You get a Medicare Summary Notice (MSN) once a month with a summary of these claims. You are responsible only for deductible and coinsurance amounts.
- ◆ When the claim is **not assigned**, Medicare sends the payment to you. You must use this money to pay the provider.
- ◆ Do not pay the provider when you receive your Medicare statement stating "This is Not a Bill." Wait until you receive a bill from the provider and all insurance payments have been received.
- ◆ What do **you** have to pay?
  1. Deductibles and coinsurance amounts not covered by insurance payments
  2. Allowed excess charges not covered by insurance payments
  3. Costs for services not covered by Medicare or other insurance



- ◆ Your supplemental insurance claims can be handled three different ways.
  1. Some insurance companies have a “crossover” contract with Medicare. This means Medicare will send claims information to your insurance company for you.
  2. Some insurance companies do not have crossover contracts. Medicare can still forward the claim to your insurance company when the provider accepts Medicare assignment. **YOU MUST ASK** the provider to include your Medicare supplement information on the claim sent to Medicare.
  3. If you are filing your own claims, ask your insurance company if you need special claim forms. If not, send them a copy of your Medicare benefits statement. (**Keep the original.**)

If you disagree with a Medicare payment or Medicare denies your claim you have the right to appeal. First, check with your provider to see if the claim was filed properly. Your Medicare statement will explain the time limit for appealing your claim.

Your Medicare supplement insurance will not pay if Medicare does not approve the charges. (Some supplements offer extra benefits for services not covered by Medicare.)

Keep copies of all forms! Getting your medical bills organized is simple when you use the Claims Envelope available from the Senior Health Insurance Information Program (SHIIP) at **1-800-351-4664**.

**Note:** If you are in a Medicare Advantage plan you will receive a notice from the plan instead of from Medicare regarding your claims.

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## Need Help?

Assistance is available from SHIIP at no cost. A SHIIP volunteer can meet with you to help you organize your stack of medical bills, Medicare and insurance statements or to assist you with an appeal to Medicare. To request our consumer guides or find the SHIIP counselor nearest you on the SHIIP website: [www.therightcalliowa](http://www.therightcalliowa) or call toll-free at

**1-800-351-4664 (TTY 1-800-735-2942)**